

Accreditation Quality Report









Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

1602 Skipwith Road, Richmond, VA



Summary of Quality Information

S	vm	bol	Key	,
\sim		001		

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
•	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
 Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective	Last Full Survey	y Last On-Site
		Date	Date	Survey Date
🮯 Hospital	Accredited	3/9/2019	3/8/2019	3/6/2020
olimitation Electric Laboratory	Accredited	10/19/2019	10/18/2019	10/18/2019

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Pathology and Clinical Laboratory Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
orimary Stroke Center	Certification	7/20/2018	7/19/2018	7/19/2018
Certified Programs	Certification Decision	Effective	Last Full Review	Last On-Site
		Date	Date	Review Date
🥝 Joint Replacement - Hip	Certification	5/31/2018	5/30/2018	5/30/2018
🎯 Joint Replacement - Knee	Certification	5/31/2018	5/30/2018	5/30/2018
Joint Replacement - Shoulder	Certification	10/18/2019	10/17/2019	10/17/2019
🥝 Spinal Fusion	Certification	6/2/2018	6/1/2018	6/1/2018
Stroke Rehabilitation	Certification	10/2/2018	8/10/2018	8/10/2018

Other Accredited Programs/Services

- Hospital (Accredited by UHMS Clinical Hyperbaric Facility Level 2)
- Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))
- Laboratory (Accredited by American Society for Histocompatibility and Immunogenetics (ASHI))

Special Quality Awards

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures® 1602 Skipwith Road, Richmond, VA



Summary of Quality Information

S	mbo	l Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
	This organization's performance is below the target range/value.
	This Measure is not applicable for this organization.
•	Not displayed

Footnote Key

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- The measure results are temporarily suppressed pending resubmission of updated data.
 Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2019National Patient Safety Goals	\bigotimes	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	(10) ²	2 ²	
Oct 2018 - Sep 2019	Perinatal Care	2 °	2 ²	
Laboratory	2019National Patient Safety Goals	\bigotimes	*	

The Joint Commission only reports measures endorsed by the National Quality Forum.



* Primary Location Locations of Care Available Services **Hanover Emergency** Department Services: 9275 Chamberlayne Road Administration of Blood Product (Outpatient) Mechanicsville, VA 23116 • Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) • General Laboratory Tests **Henrico Doctor's Hospital: The Perinatal** Services: Center • General Laboratory Tests 8239 Meadowbridge Road Suite C Mechanicsville, VA 23116 Henrico Doctor's **Surgery Center** Services: 7611 Forest Avenue Suite • Administration of Blood • Anesthesia (Outpatient) 400 Product (Outpatient) General Laboratory Tests Richmond, VA 23229 • Administration of High Risk • Perform Invasive Procedure Medications (Outpatient) (Outpatient) • Ambulatory Surgery Center (Outpatient)



* Primary Location Available Services Locations of Care **Henrico Doctors'** Joint Commission Advanced Certification Programs: Hospital ³ • Primary Stroke Center 1602 Skipwith Road Richmond, VA 23229 **Joint Commission Certified Programs:** Spinal Fusion Services: Brachytherapy Medical /Surgical Unit (Imaging/Diagnostic (Inpatient) Services) • Neuro/Spine Unit (Inpatient) Cardiac Catheterization Lab Neurosurgery (Surgical (Surgical Services) Services) Cardiac Surgery (Surgical Non-Sterile Medication Compounding (Inpatient) Services) • Cardiothoracic Surgery Normal Newborn Nursery (Surgical Services) (Inpatient) Cardiovascular Unit Nuclear Medicine (Inpatient) (Imaging/Diagnostic Services) Coronary Care Unit Orthopedic Surgery (Surgical Services) (Inpatient) CT Scanner Outpatient Clinics (Outpatient) (Imaging/Diagnostic Pediatric Unit (Inpatient) Services) • Plastic Surgery (Surgical • Dialysis Unit (Inpatient) Services) Ear/Nose/Throat Surgery Positron Emission Tomography (Surgical Services) (PET) (Imaging/Diagnostic EEG/EKG/EMG Lab Services) (Imaging/Diagnostic Post Anesthesia Care Unit Services) (PACU) (Inpatient) • Gastroenterology (Surgical Radiation Oncology (Imaging/Diagnostic Services) Services) General Laboratory Tests Sterile Medication GI or Endoscopy Lab Compounding (Inpatient) (Imaging/Diagnostic • Surgical ICU (Intensive Care Services) Unit) Surgical Unit (Inpatient) Gynecological Surgery (Surgical Services) Thoracic Surgery (Surgical • Gynecology (Inpatient) Services) Transplant Surgery (Surgical Hazardous Medication Compounding (Inpatient) Services) Hematology/Oncology Unit Ultrasound (Inpatient) (Imaging/Diagnostic Services) Inpatient Unit (Inpatient) Urology (Surgical Services) Vascular Surgery (Surgical Interventional Radiology (Imaging/Diagnostic Services) Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services)



* Primary Location

* Primary Location	
Locations of Care	Available Services
	Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Replacement - Hip Joint Replacement - Knee Joint Replacement - Shoulder Spinal Fusion Other Clinics/Practices located at this site: Center for Emotional Growth Adult Partial Program Stervices: Addiction Care/Adult) Rehabilitation Other Clinics/Practices located at this site: Center for Emotional Growth Adult Partial Program Services: Addiction Care/Adult) Rehabilization - Adult) (Partial - Adult) (Part
	Neuro/Spine Unit (Inpatient)



Locations of Care	Available Services
Locations of Care Retreat Doctors' Hospital - A Campus of Henrico Doctors' Hsp 2621 Grove Avenue Richmond, VA 23220	Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Beastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Joint Commission Advanced Certification Programs: Medical ICU (Intensive Care Unit) Non-Sterile Medication Compounding (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Outpatient Clinics (Outpatient) Plastic Surgery (Surgical Services)
	 Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Hazardous Medication Compounding (Inpatient) Hazardous Medication Compounding (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Sarah Cannon Cancer Institute at Henrico Doctors' Hospital 7607 Forest Avenue Henrico, VA 23229	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
West Creek Emergency Center 12720 Tuckahoe Creek Court Henrico, VA 23238	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests



2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	\bigotimes
	Reconciling Medication Information	\bigcirc
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	\bigotimes
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

Symbol Key

The organization has met the National Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

Symbol Key

This organization achieved the best possible results
 This organization's performance is above the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is below the target range/value.
 Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
 The measure results are temporarily
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- 1. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

		Compared to other Joint Commission		
	Accredited O	rganizations		
Explanation	Nationwide	Statewide		
This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	™ ²	№ ²		
	This category of evidence based measures assesses the time patients remain in the hospital Emergency	Comment Accredited O Accredited O Accredited O This category of evidence based measures assesses the time patients remain in the hospital Emergency Image: 2 time of the time of time of the time of time of the time of time of the time of time of the time of t		

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide		Statewide	
Measure Explanation		Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	68.00 minutes 834 eligible Patients	55.00	134.00	50.11	105.01

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

--- Null value or data not displayed.

Symbol Key

possible results

0

 \oslash

-

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

above the target range/value. This organization's performance is

below the target range/value. lot displayed

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

The measure meets the Privacy Disclosure Threshold rule.

1602 Skipwith Road, Richmond, VA



National Quality Improvement Goals

Reporting Period: October 2018 - September 2019

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	@ ²	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation			Average Top 10%		U U
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	100% of 23 eligible Patients	100%	99%	100%	100%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 73 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	59% of 423 eligible Patients	73%	51%	62%	53%



The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

Null value or data not displayed. ____

1602 Skipwith Road, Richmond, VA



2019 National Patient Safety Goals

Laboratory

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø

Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."